

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/523324

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1					
7	1					
8		1				
9		3				
10	1					
11		1				
12		2				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20	1					
21		1				
22		2				
23	1					
24		1				
25	1					
26		1				
27		1				
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29	1					
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49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						